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THE EFFECT OF HEMI-SYNC® ON THE SLEEP OF HYPNOTICS-ADDICTED PATIENTS

by Regis Louis

Regis Louis is a psychiatrist in private practice in Melun, France, south of Paris. In his practice, relaxation techniques, hypnosis, and neurolinguistic programming (NLP) are used, as well as Hemi-Sync. He also has an interest in transpersonal psychology and is a member of the American Association of Transpersonal Psychology and the International Association for Near Death Studies (IANDS). In this report he describes a pilot study using Hemi-Sync to improve sleep quality for habitual users of sleeping medications.

The intention of this survey was to determine, within my psychiatric practice, whether Hemi-Sync technology could help people who were taking sleeping medications to sleep better and perhaps to stop or to reduce drug dosage.

Five subjects were selected—all women between twenty-six and sixty-one years old. Each patient suffered from sleeping disorders associated with other mental illness: two had depressive disorder, three suffered from anxiety, one had an eating disorder, and one had an obsessive disorder. They had been taking sleeping medication (hypnotics) for between two and five years. Three women were also taking benzodiazepine and three others some type of antidepressant.

All patients agreed to the following regimen: to listen to the tape with Hemi-Sync frequencies (a tape custom-made in the lab with the sleep processor) at bedtime; to repeat the tape if they awakened during the night; and to complete a printed form noting the time they went to bed and the time they got up, the duration of sleep, how many times they woke up during the night, and the quality of their sleep and that of the following day. Additional remarks were requested. The form was filled out before and during the period of tape use. The period of the study varied from three months to six months.

Results

Of the five subjects, four listened to the tape for more than three months and only two filled out the report form correctly. They were seen for examination at least once every two weeks.

Three phases were noticed for all the subjects:

- During the first phase (one or two weeks) sleep became better in the opinion of all five. They fell asleep quickly and woke up less during the night. Records showed that length of

the sleeping period itself did not change significantly compared to the period without the tape.

- In the second phase, two to four weeks long, sleep was felt to be more restless and troubled. This was because the subjects were beginning to dream again, to remember those dreams, and to want to move during the night. It was explained to them that their sleep was returning to normal patterns, with a succession of deep sleep and dreams.
- For the third phase, between one month and one-and-a-half months after beginning the study, sleep was felt to be unchanged. That is, they did not perceive further improvement. Actually, during the third month, their opinion of their sleep quality was good or rather good. Duration of sleep had increased to one hour more than at the beginning of the experiment. Everyone noticed fewer awakenings during the night. Two subjects who continued to listen to the tape for another three months did not have a dramatic change for the better. Of the five, one decreased her sleeping medication by fifty percent after three months, although none had been told that this tape practice could help them give up drugs.

Discussion

It is obvious in these five cases that Hemi-Sync had a benign effect on sleep patterns. All the subjects agreed that at the beginning they fell asleep faster and more easily, with fewer awakenings during the night. However, a conflict soon appeared between the Hemi-Sync patterns, which led the patients into normal sleep, and the wish of those long-term addicted patients who know that a good night is "I take my medication and sleep like a stone until morning, and I do not want any activity during that sleeping time, especially any dream." So, when the tape brings them back to the alternation of deep and light sleep, the patients begin to comment that the "gift-tape" is not so good. This phenomenon is not due to Hemi-Sync; after using sleeping medication for so long, one forgets what normal sleep is like.

Although all five subjects found the tape "interesting," only one succeeded in reducing her medication. The other four thought it was "not enough to stop the drug." The comfort and ease of taking a pill and sleeping without any effort is a difficult addiction to fight.

Although this patient group was not large enough to make any statistical conclusion, one can infer that Hemi-Sync seems useful for promoting improved sleep patterns in patients who take hypnotics. A larger random study would provide more conclusive evidence. But however helpful it may be, wearing headphones each night is seen as more constraining than taking a pill. Nevertheless, it is evident that another choice is available, especially for those who habitually take sleeping medication.